								019/11/0					
			S FILED - PART (Column 1)		(Column 2)		1	SMALL ENTITY TYPE		OR		THAN ENTITY	
TOTAL CLAIMS								RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		•			X42≃		OR	X84=		
MULTIPLE DEPENDENT CLAIM PR			RESENT					+140=	<u> </u>	OR	+280≃		
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL	 	OR	TOTAL		
The state CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 18	Minus	-2	0	-Ø		X\$ 9=	1	OR	X\$18=		
	Independent	• 3 INTATION OF MI	Minus	SALDEAD	<u>3</u>	='C		X42=	X	OR	X84=	X	
1	TWANG	NIATION OF MI	JLIPUE DE	PENUEN	CLAIM	_/	١.	+140=.		ÓR	+280=		
1 Any - S							-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
	2 (Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE)	
	Total	• 17	Minus	<u>-</u> 2	Ō	= Ø		X\$ 9=	7	OR	X\$18=	\bigvee	
	Independent	• 3	Minus	244 (3	- 0		X42=		OR	X84=	·/\	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	ENDEN	CLAIM		'	+140=	V	OR	+280=	7	
								TOYAL			TOTAL		
ADDIT. FEE													
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID I	EST BER XUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	ė	Minus	dd		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	 						
4	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM		ŀ	X42=		OR	X84=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							L	+140= TOTAL		OR OR	+280≠ TOTAL		
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number lound in the appropriate box in column 1.													
FORN	PTO-875 (Flex 6/	01)				42-134 / S9197	Pate	nt and Tradem	ark Office, U	S. DEP	ARTMENT OF	COMMERCE	

Application or Docket Number